

**MEMBERSHIP APPLICATION  
SUMMER 2018**

Member Name – Last: \_\_\_\_\_ (Print) First: \_\_\_\_\_ (Print)

Name and age of children \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

*A membership only includes parents or guardian and children 21 and under. All others must purchase their membership or pay guest fees.*

Member Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Membership Options:** *(Please circle one)*

- |                     |           |
|---------------------|-----------|
| One Year Membership | \$350.00  |
|                     | <b>OR</b> |
| Full Membership*    | \$300.00  |
|                     | <b>OR</b> |
| Single Membership   | \$250     |

\*Only members who were full members in the past are eligible for the \$300.00 fee  
\*e.: members who paid the \$400 full membership fee before 2014

TOTAL ENCLOSED \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash \$ \_\_\_\_\_

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**I hereby agree to abide by all the rules of the club.**

*(Members may begin swimming as soon as dues are paid. You will not be sent verification of payment. Sign in to swim if you have sent payment in the mail.)*

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_, 2018

Please mail to:  
Riverside Swimming Club, Inc.  
P.O. Box 62687  
Lafayette, LA 70596-2687